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# NAMCS: Medical Organizations Survey

The Medical Organizations Supplement is an expansion of the National Ambulatory Medical Care Survey (NAMCS). The purpose of the survey is to collect information about medical organizations where all physicians work across many settings. Your participation is greatly appreciated. Your answers are completely confidential. Participation in this survey is voluntary. If you have questions or comments about this survey, please call 866-966-1473.

<p><b>1. Which of the following best describes this medical organization?</b> By medical organization we mean the organization that employs physicians who work together and may share staff, patient medical records, and income, and includes solo practices and groups owned by a hospital. If the medical organization has more than one location answer across all locations. <b>CHECK ONE ONLY</b></p> <p><input type="checkbox"/>1 Independent solo or two physician practice</p> <p><input type="checkbox"/>2 Independent group practice – three or more physicians</p> <p><input type="checkbox"/>3 Group or staff model HMO</p> <p><input type="checkbox"/>4 Network of physicians owned by a hospital, hospital system or medical school</p> <p><input type="checkbox"/>5 Hospital or medical school staff</p> <p><input type="checkbox"/>6 Other (please specify) _____</p> <p><b>2. Overall, how many locations does this medical organization have to do clinical work?</b></p> <p>_____ Number of locations.</p>	<p><b>3. Approximately how many physicians work for this medical organization, across all of its locations?</b></p> <p>_____ Number of physicians</p> <p><b>4. What are the three most common physician specialties represented in your medical organization?</b></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p><b>5. Who owns the medical organization? CHECK ALL THAT APPLY</b></p> <p><input type="checkbox"/>1 Physicians in the practice</p> <p><input type="checkbox"/>2 Another physician group</p> <p><input type="checkbox"/>3 Insurance company, health plan, or HMO</p> <p><input type="checkbox"/>4 Community health center</p> <p><input type="checkbox"/>5 Medical school or university/academic health center</p> <p><input type="checkbox"/>6 Other public or private hospital, health system, or foundation owned by a hospital</p> <p><input type="checkbox"/>7 Other (please specify) _____</p>
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6. How would you rate this medical organization’s performance in each of the following areas over the past 12 months?	Excellent	Very Good	Good	Fair	Poor	Uncertain
Financial Performance.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Leadership of the organization	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Quality of patient care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

7. Who is most involved with decisions for each of the following activities? CHECK ONE ONLY	Physicians at their location	Administrators at each clinical location	Administrators off-site within my organization	Administrators outside of my medical organization	Not applicable
a. Contracting with insurance plans	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Purchasing medical equipment used at your reporting location	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Hiring new physicians	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Hiring support staff	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

8. Who primarily provides the following services for clinical locations in the medical organization? CHECK ONE ONLY	Each clinical location	The medical organization	Network affiliation (e.g., PHO, IPA)	Independent Vendor (e.g., management service company)	N/A
a. Billing services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Clinical health information system implementation and support	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Shared clinical support services such as nurse care managers or patient educators	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Quality improvement program	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Malpractice insurance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

The next two questions are about types of insurance accepted by the medical organization.

9. About what percent of physician patient care revenue comes from each type of insurance in your medical organization?		10. Is the medical organization accepting new patients for each type of insurance?		
Types of insurance	Percent	Yes	No	Unknown
1. Private insurance capitated	_____ %	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2. Private insurance non-capitated	_____ %	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3. Medicare	_____ %	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4. Medicaid/SCHIP	_____ %	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5. Workers compensation	_____ %	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6. Self pay	_____ %	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
7. No charge	_____ %	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Other: specify _____	_____ %	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	100%			

11. Does the medical organization receive any	12a. Are there plans to participate in an
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**additional compensation beyond routine visit fees for offering *Patient-Centered Medical Home (PCMH)* type services or participate in a certified PCMH arrangement?**

- 1  Yes (Skip to 12)
- 2  No (Go to 11a)
- 3  Uncertain (Go to 11a)

**11a. Are there plans to participate in a PCMH arrangement in the next 12 months?**

- 1  Yes
- 2  No
- 3  Uncertain

**12. Does the medical organization participate in an Accountable Care Organization (ACO) arrangement with Medicare or private insurers?**

An ACO is an entity typically composed of primary care physicians, specialist, and hospitals that is held financially accountable for the cost and quality of care delivered to a defined group of patients.

- 1  Yes (Skip to 13)
- 2  No (Go to 12a)
- 3  Uncertain (Go to 12a)

**Accountable Care Organization arrangement in the next 12 months?**

- 1  Yes
- 2  No
- 3  Uncertain

**13. Is this medical organization affiliated with an Independent Practice Association (IPA) or Physician Hospital Organization (PHO)?**

- 1  No (skip to 14)
- 2  Yes (Go to 13a)
- 3  Uncertain (Go to 13a)

**13a. What percentage of your patients come to you through your IPA or PHO?**

\_\_\_ \_\_\_ \_\_\_ percent of patients  
 Uncertain

**14. Do physicians in your medical organization manage patients that have at least one chronic condition?**

- 1  Yes → Continue to Q14a
- 2  No → SKIP to Q 15
- 3  Uncertain → SKIP to Q15

**14a. Among patients cared for by the medical organization, what percent of patients with at least one chronic condition are managed by your physicians?**

\_\_\_ \_\_\_ \_\_\_ % of patients

14b What percent of patients with at least one chronic condition receive the following services, and indicate who provides the service.	Percent of patients receiving service	Service provided by...			
		Your organization	IPA, PHO, or ACO	Health plan or other payer	Service not provided
a. Clinicians use guideline-based reminders during patient visit	___ ___ %	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0
b. Patients are sent reminders for preventive or follow-up care	___ ___ %	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0
c. Non-physician staff meets with patients to provide them with education or help manage their condition	___ ___ %	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0
d. Specially trained nurse care managers are used when treating patients.	___ ___ %	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0
<b>1. Indicate whether this medical organization provides each of the following to its physicians. Do not include reports from other organizations that only cover a portion of the physicians' patient panels.</b>		<b>Yes</b>	<b>No</b>	<b>Uncertain</b>	
a. Reports on the clinical quality of care the physician individually provide to patients		<input type="checkbox"/> 1	<b>Percent</b>	<input type="checkbox"/> 3	
b. Reports on the physician's individual resource use when treating patients		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
c. A registry of patients with specific conditions.		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	

<b>15. What percentage of your organization's patient care revenue comes from the following?</b>	
a. <b>Traditional fee-for-service.</b> <i>Note: does not include performance adjustments, shared savings, etc.</i>	— — — —
b. <b>Modified fee-for-service with adjustments for performance quality or cost measures.</b> Includes quality bonuses, pay for performance	— — — —
c. <b>Shared savings.</b> Organization receives fee-for-service payments but has financial incentives to reduce <i>health care spending</i> for a <i>defined</i> patient population. Organization receives a percentage of any net savings resulting from care improvement efforts and may bear risk for higher costs.	— — — —
d. <b>Bundling payments.</b> Organization alone or in conjunction with others receives financial incentive for reducing total service use during episodes of care experienced by a specific patient population.	— — — —
e. <b>Capitation payments.</b> Set payment covers full or partial patient services.	— — — —
f. <b>Other.</b> (Please specify) _____	— — — —

**16. Are you either a full or part owner at the medical organization?**

- 1  Part owner
- 2  Full owner
- 3  Not an owner

**17. Which of the following best describes your role in this medical organization? Select all that apply.**

- 1  Practice administrator
- 2  Medical director
- 3  Physician
- 4  Office Manager
- 5  Other (Please specify) \_\_\_\_\_

**18. Would you have preferred to complete this questionnaire through a Website or would you have preferred to complete this questionnaire by paper?**

- 1  Strong paper preference
- 2  Slight paper preference
- 3  Slight website preference
- 4  Strong website preference

**Thank you for your participation. Please return your survey in the envelope provided. If you have misplaced this envelope, please send survey to: 2605 Meridian Parkway, Suite 200, Durham, NC 27713**

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Boxes for Admin Use